

Los Angeles County Board of Supervisors

October 18, 2022

Hilda L. Solis First District

Holly J. Mitchell Second District

> Sheila Kuehl Third District

Janice Hahn Fourth District

Kathryn Barger Fifth District Brian K. Williams, Executive Director Civilian Oversight Commission World Trade Center 350 South Figueroa St., Ste 288 Los Angeles, CA 90071

Dear Mr. Williams:

Timothy Belavich, Ph.D. Director

Sean Henderson, M.D. Chief Medical Officer

In response to your letter dated September 28th, 2022, we have reviewed the live births that occurred at the Century Regional Detention Facility for the calendar years of 2019 - 2022. The following should address the specific concerns that you raised:

Data, demographics and outcomes, including the number of csections performed (and percentage):

From January 2019 until October 2022 there have been 77 deliveries in the

CORRECTIONAL HEALTH SERVICES 450 Bauchet St., 8th Floor, Room E815 Los Angeles, CA 90012

> Tel: (213) 893-5883 Fax: (213) 633-4663

population housed in the Los Angeles County Jails. Forty-eight of these (62.3%) were normal spontaneous vaginal deliveries and 27 (35.1%) were cesarean sections. Of the 27 c-sections, only 8 (10.4%) were primary csections. In each case, the primary c-section was indicated due to either presentation of the baby or complications during labor.

"To advance the health of our patients and our communities by providing extraordinary care"

Pregnancy Outcomes ** 🕞	4 Count	Percentage
NSVD	48	62.3%
CS Secondary	19	24.7%
CS Primary	8	10.4%
VBAC	2	2.6%
Grand Total	77	100%

The March of Dimes website cites a Cesarean Section rate of 32.1% for those living in Los Angeles County with primary Cesarean section rates of 20.4% (marchofdimes.org/peristats). The rate of C Sections in the CHS population is similar to the surrounding county and the primary rate is actually 50% that of the community.

Policies and informed consent documents related to elective csections:



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CHS does not offer elective c-sections. If there is a medical indication for a c-section, e.g. multiple prior c-sections, any informed consents would be handled by the hospital. We do not make the unilateral decision to offer or schedule c-sections. It should be noted that DHS as a whole does not offer routine elective c-sections.

Description of physician pay structure, including if compensation varies based on the care provided, specifically as related to c-sections compared to vaginal births:

Our physicians are salaried and do not do separate professional fee billing so there is no financial incentive for DHS physicians to perform or not perform c-sections; these decisions are made only on clinical grounds, taking into account patient preferences. If surgeries are performed outside of DHS, we can't comment on the pay structure of other institutions.

Description of DHS funding or insurance claims, as related to c-sections compared to vaginal births:

DHS bills third party payers based on their unique reimbursement structures and contract terms. At DHS hospitals, obstetric deliveries are typically reimbursed on a per diem basis. For deliveries performed at non-DHS hospitals, we are unable to comment on the reimbursement structures in use.

Pregnancy screening options for people in custody, after the initial screenings offered upon intake; also include if data is collected related to people who test negative upon intake and later test positive while in custody:

Patients are tested with a point-of-care urine test as part of the medical intake screening process. If, after an initial negative pregnancy screening, a person expresses concern to medical staff that she may be pregnant at any time and for any reason, medical staff will order additional screening at their discretion (e.g. repeat POC urine screening, serum screening). This process may be repeated if clinically appropriate. In our experience individuals testing positive later in their stay are infrequent numbering only 1 or 2 in the past 4 years.

Policies for pregnancy screening as it relates to the LGBTQIA+ population:

We have no unique policies for specific populations. The testing is offered to all who enter CRDF via the Inmate Reception Center and is available in all Primary Care clinics and the Urgent Care.

Policies and data related to tracking of pregnant people's use of outside time:

As out of cell time is managed and tracked by LASD, please contact them for this information.

The care provided to the pregnant patient at CRDF involves a multi-disciplinary team consisting of primary care providers, dedicated nursing staff, CHS Obstetrics, our custody partners and the surrounding hospitals. We work very hard to meet or exceed community standards in a very unique environment.

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Please let us know if you have any further questions.

Sincerely,

Timothy Belavich, PhD

Sean Henderson, MD

cc: Christina Ghaly MD, Director of Health Services